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January 13, 2009

Rene Stephens, Administrator
Exceptional Child Center, Inc. dba
Center for Independent Living
1411 Falls Avenue East, Suite 703
Twin Falls, Idaho 83301

Dear Ms. Stephens:

Thank you for submitting Center for Independent Living Plan of Correction for Residential Habilitation services dated January 12, 2009. The Department has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued Center for Independent Living a full certificate effective February 1, 2009 unless otherwise suspended or revoked.

This certificate is contingent upon the correction of deficiencies. The Department will be conducting an on site review **February 3, 2009 through February 5, 2009** to assure corrections have been made.

You can reach me if you have any questions at 208-239-6267.

Thank you for your patience and accommodating us through the survey process.

Pam Loveland-Schmidt, DS
Medical Program Specialist
DDA/RH Survey and Certification

Statement of Deficiencies

Residential Habilitation Agency

Center for Independent Living

RHA-265

158 Blake St N

Twin Falls, ID 83301-

(208) 734-8973

Survey Type: Recertification

Entrance Date: 9/15/2008

Exit Date: 9/18/2008

Initial Comments: Survey Team Members: Pam Loveland-Schmidt, Medical Program Specialist, Dept. of Health & Welfare, Survey & Certification and David Doran, Medical Program Specialist, Dept. of Health & Welfare, Survey & Certification.

No observations completed - Affiliation agency only at this time.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.03.10.705.01.b	Training	Please see attached Addendum dated 1/12/09.
705.DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07) 01. Residential Habilitation. Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 employee/affiliate (DH) record lacked evidence as follows: • Skill training is completed by a Qualified Mental Retardation Professional (QMRP) who has demonstrated experience in writing skill training programs.	

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<p>assurance to the certified family home provider. Individuals who provide residential habilitation services in the home of the participant (supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the following requirements: (3-19-07)</p> <p>b. All skill training for direct service staff must be provided by a Qualified Mental Retardation Professional (QMRP) who has demonstrated experience in writing skill training programs. (3-19-07)</p>			
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.03.10.705.01.d	Training	Please see attached Addendum dated 1/12/09.	
<p>705.DD/ISSH WAIVER SERVICES - PROVIDER QUALIFICATIONS AND DUTIES. All providers of waiver services must have a valid provider agreement with the Department. Performance under this agreement will be monitored by the Department. (3-19-07)</p> <p>01. Residential Habilitation. Residential habilitation services must be provided by an agency that is certified by the Department as a Residential Habilitation Agency under IDAPA 16.04.17, "Rules Governing Residential Habilitation Agencies," and is capable of supervising the direct services provided. Individuals who provide residential habilitation services in their own home must be certified by the Department as a certified family home and must be affiliated with a Residential Habilitation Agency. The Residential Habilitation Agency provides oversight, training, and quality assurance to the certified family home provider. Individuals who provide residential habilitation services in the home of the participant (supported living), must be employed by a Residential Habilitation Agency. Providers of residential habilitation services must meet the</p>	<p>FINDINGS:</p> <p>Based upon record review and interview with staff and/or Administration, the agency is not in compliance.</p> <p>2 out of 4 employee/affiliate (BP,DH) record lacked evidence as follows:</p> <ul style="list-style-type: none"> •Additional training requirements must be completed within six (6) months of employment or affiliation with the residential habilitation agency. For example: (DH)'s training record lacked a date training was completed unable to determine training was completed within 6 months. 		

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following requirements: (3-19-07) d. Additional training requirements must be completed within six (6) months of employment or affiliation with the residential habilitation agency and include at a minimum: (3-19-07) i. Instructional techniques: Methodologies for training in a systematic and effective manner; (3-19-07) ii. Managing behaviors: Techniques and strategies for teaching adaptive behaviors; (3-19-07) iii. Feeding; (3-19-07) iv. Communication; (3-19-07) v. Mobility; (3-19-07) vi. Activities of daily living; (3-19-07) vii. Body mechanics and lifting techniques; (3-19-07) viii. Housekeeping techniques; and (3-19-07) ix. Maintenance of a clean, safe, and healthy environment. (3-19-07)					
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:		Administrator Initials:	
Rule Reference/Text		Category/Findings		Plan of Correction (POC)	
16.04.17.202.02		Administrator		Please see attached Addendum dated 1/12/09.	
202.ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04) 02. Absences. The administrator must designate, in writing, a qualified person to perform the functions of the administrator to act in his absence. (3-20-04)		FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows: • The administrator designated, in writing, a qualified person to perform the functions of the administrator to act in his absence.			
Scope and Severity: / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:		Administrator Initials:	

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.202.03.a-g	Administrator	Please see attached Addendum dated 1/12/09.
<p>202.ADMINISTRATOR. An administrator is responsible and accountable for implementing the policies and procedures approved by the governing authority. (3-20-04)</p> <p>03. Responsibilities. The administrator, or his designee, must assume responsibility for: (3-20-04)</p> <p>a. Developing and implementing written administrative policies and procedures which comply with applicable rules; and (7-1-95)</p> <p>b. Developing and implementing policies and procedures for staff and affiliated residential habilitation provider training, quality assurance, evaluation, and supervision; and (7-1-95)</p> <p>c. Conducting regular staff and affiliated residential habilitation provider meetings to review program and general participant needs and plan appropriate strategies for meeting those needs; and (3-20-04)</p> <p>d. Maintaining adequate financial accounting records according to government accepted accounting principles; and (7-1-95)</p> <p>e. Making all records available to the Department for review or audit; and (7-1-95)</p> <p>f. Developing and implementing a policy addressing safety measures to protect participants, staff, and affiliated residential habilitation providers as mandated by state and federal rules; and (3-20-04)</p> <p>g. Ensuring that agency personnel, and affiliated providers including those providing services under arrangement, practice within the bounds set forth by the applicable state licensure boards. (7-1-95)</p>	<p>FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. Agency documentation lacked evidence as follows:</p> <p>*The administrator, or his designee, assumed responsibility for developing and implementing written administrative policies and procedures which comply with applicable rules and developing and implementing policies and procedures for staff and affiliated residential habilitation provider training, quality assurance, evaluation, and supervision; and conducting regular staff and affiliated residential habilitation provider meetings to review program and general participant needs and plan appropriate strategies for meeting those needs; and maintaining adequate financial accounting records according to government accepted accounting principles; and making all records available to the Department for review or audit; and developing and implementing a policy addressing safety measures to protect participants, staff, and affiliated residential habilitation providers as mandated by state and federal rules; and ensuring that agency personnel, and affiliated providers including those providing services under arrangement, practice within the bounds set forth by the applicable state licensure boards.</p> <p>Agency corrected policy/job description during survey. Agency provider/participant files were not complete and did not contain the current and appropriate documentation required.</p>	
Scope and Severity: / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.203.01	Training	Please see attached Addendum dated 1/12/09.
<p>203.STAFF AND AFFILIATED RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment or affiliation with a residential habilitation agency and documented in the employee or affiliated residential habilitation provider record. The agency must ensure that all employees, affiliated residential habilitation providers, and contractors receive orientation training in the following areas: (3-20-04)</p> <p>01. Rights. Personal, civil, and human rights. (7-1-95)</p>	<p>FINDINGS:</p> <p>Based upon record review and interview with staff and/or Administration, the agency is not in compliance.</p> <p>2 out of 4 employee/affiliate (BP,CM) record lacked evidence as follows:</p> <ul style="list-style-type: none"> •Personal, civil and human rights training. 	
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:
		Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.203.03	Training	Please see attached Addendum dated 1/12/09.
<p>203.STAFF AND AFFILIATED RESIDENTIAL HABILITATION PROVIDER TRAINING.</p> <p>Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment or affiliation with a residential habilitation agency and documented in the employee or affiliated residential habilitation provider record. The agency must ensure that all employees, affiliated residential habilitation providers, and contractors receive</p>	<p>FINDINGS:</p> <p>Based upon record review and interview with staff and/or Administration, the agency is not in compliance.</p> <p>1 out of 4 employee/affiliate (DH) record lacked evidence as follows:</p> <ul style="list-style-type: none"> •A basic understanding of the needs, desires, goals and objectives of participants served training. 	

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orientation training in the following areas: (3-20-04)			
03. Understanding of Participants' Needs. A basic understanding of the needs, desires, goals and objectives of participants served. (3-20-04)			
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.203.04	Training	Please see attached Addendum dated 1/12/09.	
203.STAFF AND AFFILIATED RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required initially prior to accepting participants. All required training must be completed within six (6) months of employment or affiliation with a residential habilitation agency and documented in the employee or affiliated residential habilitation provider record. The agency must ensure that all employees, affiliated residential habilitation providers, and contractors receive orientation training in the following areas: (3-20-04) 04. Supervision. Appropriate methods of supervision. (7-1-95)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 employee/affiliate (DH) record laced evidence as follows: • Appropriate methods of supervision training.		
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.203.05	Training	Please see attached Addendum dated 1/12/09.	
203.STAFF AND AFFILIATED RESIDENTIAL HABILITATION PROVIDER TRAINING. Training must include orientation and ongoing training at a minimum as required under IDAPA 16.03.10, "Medicaid Enhanced Plan Benefits," Sections 700 through 706. Training is to be a part of the orientation training and is required	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 employee/affiliate (DH) record laced		

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initially prior to accepting participants. All required training must be completed within six (6) months of employment or affiliation with a residential habilitation agency and documented in the employee or affiliated residential habilitation provider record. The agency must ensure that all employees, affiliated residential habilitation providers, and contractors receive orientation training in the following areas: (3-20-04) 05. Review of Services. A review of the specific services that the participant requires. (3-20-04)	evidence as follows: • A review of the specific services that the participant requires training.		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.301.03.a 301.PERSONNEL. 03. Personnel Records. A record for each employee and affiliated residential habilitation provider must be maintained from date of hire or affiliation for not less than one (1) year after the employee or affiliated residential habilitation provider is no longer employed by the agency, and must include at least the following: (3-20-04) a. Name, current address and phone number of the employee; and (7-1-95)	Personnel Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 of 4 Employee/Affiliate (DH) record lacked evidence as follows: • Name, current address and phone number of the employee; and	Please see attached Addendum dated 1/12/09.	
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.301.03.c 301.PERSONNEL. 03. Personnel Records. A record for each employee and affiliated residential habilitation provider must be maintained from date of hire or affiliation for not less than one (1) year after the employee or affiliated residential habilitation	Personnel Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 Employee/Affiliate (DH) records	Please see attached Addendum dated 1/12/09.	

provider is no longer employed by the agency, and must include at least the following: (3-20-04) c. Education and experience; and (7-1-95)	lacked evidence as follows: * Education and experience.	
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.301.03.d 301.PERSONNEL. 03. Personnel Records. A record for each employee and affiliated residential habilitation provider must be maintained from date of hire or affiliation for not less than one (1) year after the employee or affiliated residential habilitation provider is no longer employed by the agency, and must include at least the following: (3-20-04) d. Other qualifications (if licensed in Idaho, the original license number and the date the current registration expires, or if certificated, a copy of the certificate); and (7-1-95)	Personnel Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 of 4 Employee/Affiliate (DH) record lacked evidence as follows: *Other qualifications (if licensed in Idaho, the original license number and the date the current registration expires, or if certificated, a copy of the certificate). For example: DH's record lacked evidence of Medication Certification. DH provides assistance with medications for participant(s) living in her CFH.	Please see attached Addendum dated 1/12/09.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.301.03.e 03. Personnel Records. A record for each employee and affiliated residential habilitation provider must be maintained from date of hire or affiliation for not less than one (1) year after the employee or affiliated residential habilitation provider is no longer employed by the agency, and must include at least the following:	Personnel Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 employee/affiliate (DH) record lacked evidence as follows:	Please see attached Addendum dated 1/12/09.

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(3-20-04) e. Date of employment or affiliation; and (7-1-95)	*Date of employment or affiliation.		
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.302.01.b 302.SERVICE PROVISION PROCEDURES. 01. Admission Procedures. The following criteria must apply to all participants receiving services from a residential habilitation agency: (3-20-04) b. The agency must obtain authorization from the Department for reimbursement for each Medicaid covered eligible waiver service prior to providing residential habilitation services in accordance with IDAPA16.03.10, "Medicaid Enhanced Plan Benefits," Sections 507 through 515 (3-20-04)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 participant (1) record lacked evidence as follows: •The agency obtained authorization from the Department for reimbursement for each Medicaid covered eligible waiver service prior to providing residential habilitation services. For example: Participant (1)'s record lacked evidence of an Individual Support Plan (ISP).	Please see attached Addendum dated 1/12/09.	
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.302.02 02. Implementation Plan. Each participant must have an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. (3-20-04)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance.	Please see attached Addendum dated 1/12/09.	

	1 out of 4 participant (1) record lacked evidence as follows: • Each participant has an implementation plan that includes goals and objectives specific to his plan of service residential habilitation program. For example: Participant (1)'s record lacked an ISP for the Implementation plan to implement specific goals and objectives to the ISP.	
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Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.03	Service Provision Procedures	Please see attached Addendum dated 1/12/09.
302.SERVICE PROVISION PROCEDURES. 03. Periodic Review. Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. (3-20-04)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 participant (2) record lacked evidence as follows: •Review of services and participant satisfaction must be conducted at least quarterly or more often if required by the participant's condition or program. For example: Participant (2)'s record had 1 review of services on 01/23/08 and no other reviews for the plan year12/17/07-11/16/08.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.302.05	Service Provision Procedures	Please see attached Addendum dated 1/12/09.
302.SERVICE PROVISION PROCEDURES. 05. Provider Status Review. Residential Habilitation agencies must submit semiannual and annual status reviews reflecting the status of behavioral objectives or services identified on the plan of service to the planmonitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. (3-20-04)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 2 out of 4 participant (1,3) record lacked evidence as follows: •Agency submitted semiannual and annual status reviews reflecting the status of behavioral	

objectives or services identified on the plan of service to the plan monitor. Semiannual status reviews must remain in participant file and annual status reviews must be attached to annual plan of service. For example: Participant (3)'s record included provider status review for 2005 and 2006 only.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text

16.04.17.400.02.a

400.PARTICIPANT RECORDS.

02. Required Information. Records must include at least the following information: (3-20-04)

a. Name, address and current phone number of the participant. (3-20-04)

Category/Findings

Participant Records

FINDINGS:

Based upon record review and interview with staff and/or Administration, the agency is not in compliance.

1 out of 4 participant (2) record lacked evidence as follows:

- name, address and current phone number of the participant.

Plan of Correction (POC)

Please see attached Addendum dated 1/12/09.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

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Rule Reference/Text

16.04.17.400.02.b

02. Required Information. Records must include at least the following information: (3-20-04)

b. Social Security and Medicaid ID numbers. (7-1-95)

Category/Findings

Participant Records

FINDINGS:

Based upon record review and interview with staff and/or Administration, the agency is not in compliance.

1 out of 4 participant (2) record lacked evidence as follows:

- Social Security and Medicaid ID numbers.

Plan of Correction (POC)

Please see attached Addendum dated 1/12/09.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.c	Participant Records	Please see attached Addendum dated 1/12/09.
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) c. Gender and marital status. (3-20-04)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 participant (2) record lacked evidence as follows: • Gender and marital status.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.d	Participant Records	Please see attached Addendum dated 1/12/09.
400. PARTICIPANT RECORDS 02. Required Information. Records must include at least the following information: (3-20-04) d. Date of birth. (7-1-95)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 participant (2) record lacked evidence as follows: • Date of birth.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.e 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) e. Names, addresses, and current phone numbers of family, advocates, friends, and persons to be contacted in case of an emergency. (3-20-04)	Participant Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 participant (2) record lacked evidence as follows: • Names, addresses and current phone numbers of family, advocates, friends and persons to be contacted in case of an emergency.	Please see attached Addendum dated 1/12/09.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.f 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) f. Physician, dentist, and other health care providers. (7-1-95)	Participant Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 participant (2) record lacked evidence as follows: • Physician, dentist and other health care providers.	Please see attached Addendum dated 1/12/09.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.g 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) g. A list of medications, diet, and all other treatments prescribed for the participant. (3-20-04)	Participant Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 4 out of 4 participant (1,2,3,4) record lacked evidence as follows: •A list of medications, diet and all other treatments prescribed for the participant. For example: Participant (1,2,3,4) records lacked evidence of diet or information stating no special diet requirements.	Please see attached Addendum dated 1/12/09.
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.h 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) h. Results of a history and physical when necessary. (7-1-95)	Participant Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 2 out of 4 participant (1,3) record lacked evidence as follows: •Results of a history and physical when necessary. For example: Participant (1,3) records lacked evidence of a current history and physical.	Please see attached Addendum dated 1/12/09.
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected: Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.i 400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) i. Results of an age appropriate functional	Participant Records FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in	Please see attached Addendum dated 1/12/09.

assessment, and person centered plan. (7-1-95) compliance.

1 out of 4 participant (1) record lacked evidence as follows:
 •Results of an age appropriate functional assessment, and person centered plan. For example: Participant (1) record lacked evidence of an age appropriate functional assessment centered plan related to the current plan only 2006 plan.

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.17.400.02.j

400.PARTICIPANT RECORDS.
 02. Required Information. Records must include at least the following information: (3-20-04)
 j. Psychosocial information. (7-1-95)

Category/Findings

Participant Records

FINDINGS:

Based upon record review and interview with staff and/or Administration, the agency is not in compliance.

2 out of 4 participant (1,2) record lacked evidence as follows:
 •Psychosocial information. For example: Participant (1,2) record state psychotropic medications are taken and no evidence of psychosocial information.

Plan of Correction (POC)

Please see attached Addendum dated 1/12/09.

Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.17.400.02.k

400.PARTICIPANT RECORDS.
 02. Required Information. Records must include at least the following information: (3-20-04)
 k. Habilitation program, including documentation of planning, continuous evaluation, and participant satisfaction with the program. (3-20-04)

Category/Findings

Participant Records

FINDINGS:

Based upon record review and interview with staff and/or Administration, the agency is not in compliance.

1 out of 4 participant (2) record lacked evidence as follows:
 •Habilitation program, including documentation of planning, continuous evaluation, and

Plan of Correction (POC)

Please see attached Addendum dated 1/12/09.

Residential Habilitation Agency		Center for Independent Living	9/18/2008
	participant satisfaction with the program.		
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.400.02.l	Participant Records	Please see attached Addendum dated 1/12/09.	
02. Required Information. Records must include at least the following information: (3-20-04) l. Record of significant incidents, accidents, illnesses, and treatments. (7-1-95)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 2 out of 4 participant (2,3) record lacked evidence as follows: •Record of significant incidents, accidents, illnesses, and treatments.		
Scope and Severity: Pattern / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.400.02.m	Participant Records	Please see attached Addendum dated 1/12/09.	
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) m. Daily medication log when applicable.	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 participant (2) record lacked evidence as follows: •Daily medication log when applicable.		
Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm		Date to be Corrected:	Administrator Initials:
Rule Reference/Text	Category/Findings	Plan of Correction (POC)	
16.04.17.400.02.n	Participant Records	Please see attached Addendum dated 1/12/09.	
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) n. Daily record of the date, time, duration, and type of service provided. (7-1-95)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance.		

	4 out of 4 participant (1,2,3,4) record lacked evidence as follows: •Daily record of the date, time, duration, and type of service provided. For example: Participant (1,2,3,4) records lacked time and duration.	
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.400.02.o	Participant Records	Please see attached Addendum dated 1/12/09.
400.PARTICIPANT RECORDS. 02. Required Information. Records must include at least the following information: (3-20-04) o. The plan of service including implementation plans maintained by the agency, and data-based progress notes. (3-20-04)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1 out of 4 participant (1) record lacked evidence as follows: •The plan of service including implementation plans maintained by the agency, and data-based progress notes. For example: Participant (1) record lacked current plan.	

Scope and Severity: Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.402.01.c	Participant Rights	Please see attached Addendum dated 1/12/09.
402.PARTICIPANT RIGHTS. 01. Responsibilities. Each residential habilitation agency must develop and implement a written policy outlining the personal, civil, and human rights of all participants. The policy protects and promotes the rights of each participant and includes the following: (3-20-04) c. Inform each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available; (3-20-04)	FINDINGS: Based upon record review and interview with staff and/or Administration, the agency is not in compliance. 1. 1 out of 4 participant (1) record lacked evidence as follows: • Inform each participant, or legal guardian, of the participant's rights and the rules of the agency.	

	<p>2. 4 out of 4 participant (1,2,3,4) record lacked evidence as follows:</p> <ul style="list-style-type: none"> • Agency informed each participant, or legal guardian, of the services to be received, the expected benefits and attendant risks of receiving those services, and of the right to refuse services, and alternative forms of services available. For example: Participant (1,2,3,4) records lacked all except for the right to refuse services. 	
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Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

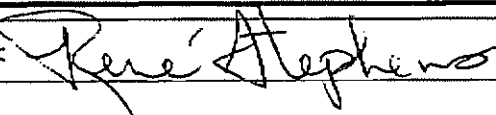
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.403.01	Participant Finances	Please see attached Addendum dated 1/12/09.
<p>403.PARTICIPANT FINANCES. When the residential habilitation agency or its employees, affiliated residential habilitation providers or contractors are designated as the payee on behalf of the participants, the agency must establish and maintain an accounting system that: (3-20-04)</p> <p>01. Participant's Personal Finance Records. Assures a full and complete accounting of participants' personal funds entrusted to the agency, or its employees, affiliated residential habilitation providers or contractors on behalf of participants. Records of financial transactions must be sufficient to allow a thorough audit of the participant's funds. (3-20-04)</p>	<p>FINDINGS:</p> <p>Based upon record review and interview with staff and/or Administration, the agency is not in compliance.</p> <p>4 out of 4 participant (1,2,3,4) record lacked evidence as follows:</p> <ul style="list-style-type: none"> • Agency assures a full and complete accounting of participants' personal funds entrusted to the agency, or its employees, affiliated residential habilitation providers or contractors on behalf of participants. Records of financial transactions must be sufficient to allow a thorough audit of the participant's funds. 	

Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.17.403.02	Participant Finances	Please see attached Addendum dated 1/12/09.
<p>403.PARTICIPANT FINANCES. When the residential habilitation agency or its employees, affiliated residential habilitation providers or contractors are designated as the payee on behalf of the participants, the agency must establish and maintain an accounting</p>	<p>FINDINGS:</p> <p>Based upon record review and interview with staff and/or Administration, the agency is not in compliance.</p>	

Residential Habilitation Agency	Center for Independent Living	9/18/2008
system that: (3-20-04) 02. No Commingling of Funds. Precludes any commingling of participant funds with agency funds. (3-20-04)	4 out of 4 participant (1,2,3,4) record lacked evidence as follows: • Precludes any commingling of participant funds with agency funds.	
Scope and Severity: Widespread / No Actual Harm - Potential for Minimal Harm	Date to be Corrected:	Administrator Initials:
Administrator Signature (confirms submission of POC):		
Team Leader Signature (signifies acceptance of POC):	Date: 1/12/09 Date:	

Exceptional Child Center, Inc. dba Center for Independent Living Recertification Survey of 9/15/08	
RuleReference	Plan of Correction Addendum (continued from Survey Report)
16.03.10.705.01.b.	<p>1 What corrective action(s) will be taken? <i>We did have documentation in file for the Residential Habilitation Orientation, which is the required training. However, the documentation was not signed and dated. We have revised the form to expand on detail of the training and have included signatures and dates for both provider and Qualified Mental Retardation Professional.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>The Administrator will review the system as a whole to be sure reviews are taking place at adequate intervals and problems noted are getting resolved. Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.03.10.705.01.d	<p>1 What corrective action(s) will be taken? <i>The training was done within the 6 months of employment, however, signatures and dates were not on some of the forms. We have included a signature & date on the form and will be sure this orientation training form is filed under training in the proper binder here after. One of these forms (BP) was signed and dated in 2003, because it had been brought to our attention during a survey that year. The form should have been signed in 1996 and we felt the situation was remedied when we had it signed that year - we did not back date it to 1996. If this file is chosen again, will it be a repeat deficiency each and every time? All of this required training was done. Our training form has been modified to provide more detail of this training.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>The Administrator will review the system as a whole to be sure reviews are taking place at adequate intervals and problems noted are getting resolved. Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.202.02	<p>1 What corrective action(s) will be taken? <i>It has been our practice to send notification through e-mail who the acting administrator will be during an absence of the administrator. Policy has been modified to include how this designation is done. Corrected before surveyors left.</i></p>

Exceptional Child Center, Inc. dba Center for Independent Living Recertification Survey of 9/15/08	
RuleReference	Plan of Correction Addendum (continued from Survey Report)
	<p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>Policy was reviewed with staff.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>Administrator</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Administrator will review policy yearly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.202.03.a.g	<p>1 What corrective action(s) will be taken? <i>The required documents for Residential Habilitation participants that attend the Developmental Disability Agency program were in the DDA binder and not a separate Residential Habilitation binder. Since both surveys were happening simultaneously and we had all binders available, we were concerned when this was brought to our attention. The paperwork was there and has been moved to a separate Residential Habilitation binder. Much of this information was faxed to surveyors on 9/22, 9/25, and 9/26/08. We have sent an electronic copy as well with this response. Our on-site Quality Assurance is done no less than 4 times a year and more if a higher level of supervision is necessary. The form has been revised to include review of finances, and to more specifically address training, medications, and special needs. Lines for additional signatures have also been included.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.203.01	<p>1 What corrective action(s) will be taken? <i>This training was done, but the documents for CM and BP were not dated until 6/24/03 which brought us into compliance at that date as it was brought to our attention by previous surveyors. This has been remedied with a notation for future reference.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p>

Exceptional Child Center, Inc. dba Center for Independent Living Recertification Survey of 9/15/08	
RuleReference	Plan of Correction Addendum (continued from Survey Report)
	<p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.203.03	<p>1 What corrective action(s) will be taken? <i>This training was done. Documents for DH were signed, but not dated. This has been remedied with a notation for future reference.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.203.04	<p>1 What corrective action(s) will be taken? <i>This training was done. Documents for DH were signed, but not dated. This has been remedied with a notation for future reference.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.203.05	<p>1 What corrective action(s) will be taken? <i>This training was done. Documents for DH were signed, but not dated. This has been remedied with a notation for future reference.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p>

Exceptional Child Center, Inc. dba Center for Independent Living Recertification Survey of 9/15/08	
RuleReference	Plan of Correction Addendum (continued from Survey Report)
	<p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.301.a & c	<p>1 What corrective action(s) will be taken? <i>This record was in file, but incomplete. It was corrected and faxed 9/22/08.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.301.a & c	<p>1 What corrective action(s) will be taken? <i>This record was in file, but incomplete. It was corrected and faxed 9/22/08.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.301.d	<p>1 What corrective action(s) will be taken? <i>The medication in-service was completed February of 2007. The medication certification was faxed 9/22/08 and has been sent electronically.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in</i></p>

Exceptional Child Center, Inc. dba Center for Independent Living Recertification Survey of 9/15/08	
RuleReference	Plan of Correction Addendum (continued from Survey Report)
	<p><i>the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.301.e	<p>1 What corrective action(s) will be taken? <i>This record was in file, but dated 2/27/04 when previously brought to our attention. This has been remedied with a notation for future reference.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.302.01.b	<p>1 What corrective action(s) will be taken? <i>This record was in the DDA file and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.302.02	<p>1 What corrective action(s) will be taken? <i>This record was in the DDA file and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder.</i></p>

Exceptional Child Center, Inc. dba Center for Independent Living Recertification Survey of 9/15/08	
RuleReference	Plan of Correction Addendum (continued from Survey Report)
	<p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.302.03	<p>1 What corrective action(s) will be taken? <i>The onsite quality assurance review was done and documented on 9/28/08, 5/23/08, 2/27/08, 1/23/08, and 8/5/07. Three of these documents were in the DDA file and not in a separate Residential Habilitation binder. The participant satisfaction was included on this review of services as suggested by previous surveyors.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.302.05	<p>1 What corrective action(s) will be taken? <i>This record was in the DDA file and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be</i></p>

Exceptional Child Center, Inc. dba Center for Independent Living Recertification Survey of 9/15/08	
RuleReference	Plan of Correction Addendum (continued from Survey Report)
	<p><i>done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17.400.02.a	<p>1 What corrective action(s) will be taken? <i>This record was in file, but incomplete. It was corrected and faxed 9/22/08. Our revised onsite QA review addresses this issue.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.b	<p>1 What corrective action(s) will be taken? <i>This record was in file, but incomplete. It was corrected and faxed 9/22/08.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.c	<p>1 What corrective action(s) will be taken? <i>The participant information form has been revised to include this information on every participant.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the</i></p>

Exceptional Child Center, Inc. dba Center for Independent Living Recertification Survey of 9/15/08	
RuleReference	Plan of Correction Addendum (continued from Survey Report)
	<p><i>Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. 10/13/2008</p>
16.04.17. 400.02.d	<p>1 What corrective action(s) will be taken? <i>This record was in file, but incomplete. It was corrected and faxed 9/22/08.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. 10/13/2008</p>
16.04.17. 400.02.e	<p>1 What corrective action(s) will be taken? <i>This record was in file, but incomplete. It was corrected and faxed 9/22/08.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. 10/13/2008</p>
16.04.17. 400.02.f	<p>1 What corrective action(s) will be taken? <i>This record was in file, but incomplete. It was corrected and faxed 9/22/08. The participant information form has been revised to include this information.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance</p>

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	<p>with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.g	<p>1 What corrective action(s) will be taken? <i>We have medication sheets on all participants, but the participant information form has been revised to include dietary needs. This record was in the DDA file and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.h	<p>1 What corrective action(s) will be taken? <i>This Medicare form was in the DDA file for all participants and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.i	<p>1 What corrective action(s) will be taken? <i>The developmental evaluation will be done for the new plan year 10/22/08. We have an annual Quality Assurance checklist that is to be done within two months of the plan start date. This checklist will now be placed in the outer sleeve of the provider and participant binders.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in</i></p>

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	<p><i>the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.j	<p>1 What corrective action(s) will be taken? <i>This record for participant #1 was in the DDA file and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder. The psychological evaluation for participant #2 was requested from the TSC, but nothing has been obtained as of yet. A note was in the DDA file and not the Residential Habilitation binder as to the date this was requested. We will make a copy and placed it in the appropriate binder.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.k	<p>1 What corrective action(s) will be taken? <i>The Residential Habilitation Plan was in the binder and dated 10/26/07. The ISP was in the DDA binder and dated 12/17/07. QA Review of services was documented on 9/28/08, 5/23/08, 2/27/08, 1/23/08. Three of these documents were in the DDA file and not in a separate Residential Habilitation binder. The participant satisfaction was included on this review of services as suggested by previous surveyors.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance</p>

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	<p>with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.1	<p>1 What corrective action(s) will be taken? <i>This information is already recorded on the QA Review of services form. There have been no significant incidents/accidents/illnesses/treatments for these participants. We will add this type of comment during our review on home visits. We will provide an additional log for incidents, accidents, illnesses, treatments for providers to keep in their binder. It is already our policy to report anything we initially see on our internal incident/accident forms.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.m	<p>1 What corrective action(s) will be taken? <i>There was no medication log in file for this participant. Our procedure is to have medication logs submitted with the monthly data. Provider has been contacted to submit this log. Our QA Review should have caught this, but was missed. We currently have a checklist for quarterly binder reviews that we will now place in the front sleeve with missing paperwork highlighted. This binder review will be dated for quality assurance.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.n	<p>1 What corrective action(s) will be taken? <i>The ISP for some participants was in the</i></p>

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	<p><i>DDA file and not in a separate Residential Habilitation binder, but some of them were in the proper binder. All ISP's state time and duration. We have made a copy and placed it in the appropriate binder if it was not in the proper place. This information is also on the cost sheet provided within the ISP.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 400.02.o	<p>1 What corrective action(s) will be taken? <i>This record was in the DDA file and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 402.01.c	<p>1 What corrective action(s) will be taken? <i>This record was in the DDA file and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance</p>

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16.04.17. 402.01.c	<p>1 What corrective action(s) will be taken? <i>This record was in the DDA file and not in a separate Residential Habilitation binder. We have made a copy and placed it in the appropriate binder.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 403.01	<p>1 What corrective action(s) will be taken? <i>This has been added to the home visit on onsite Quality Assurance Review. We will review financial records and request bank statements. If this information is not made available to us for various reasons, we will seek direction from the department.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in the correct file.</i></p> <p>3 Who will be responsible for implementing each corrective action? <i>The respective Developmental Specialist and Program Director will be responsible for overseeing QA reviews for compliance.</i></p> <p>4 How will the corrective action(s) be monitored to ensure consistent compliance with the IDAPA Rules? <i>Each QA review is electronically set to send to the Program Manager and Administrator for review. QA reviews are scheduled to be done quarterly.</i></p> <p>5 Date for when the corrective action will be completed. <i>10/13/2008</i></p>
16.04.17. 403.02	<p>1 What corrective action(s) will be taken? <i>This has been added to the home visit on onsite Quality Assurance Review. We will review financial records and request bank statements. If this information is not made available to us for various reasons, we will seek direction from the department.</i></p> <p>2 How will the agency identify participants who may be affected by the deficiency(s). If participants are identified what corrective action will be taken? <i>The QA review process will make note whether a signed & dated documents are in</i></p>

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Rene Stephens 1/12/09